	05966	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, B. CERTIFICATE OF DEAT	n .	05960
÷ 2÷	1. DECEASED-NAME First	Middle	lost	20. DATE OF DEATH	26. HOUR
24 hours after death d in by the funeral pers. Pogge 1, and 2 72 hours after death	(Type or print) Mary	Elizabeth F	orrest Anderson	MdApril Month 1.	Ocy 1969ear M
- 100 Les	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
s of the	Female	Negro	Nov.25,189	1 last birthday)	MONTHS DAYS HOURS MUN.
n 0 0	7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	~
4 h d in sers. 72 h	Maryland	USA	WIDOWED TO DIVORCED	St. Mary's	Md.
n 24 flied pape hin 7	10, CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (if not in hospital 120.	USUAL OCCUPATION (Kind of work dans	e 126, KIND OF BUSINESS OR
E 2 2 5 76	Leonardtown	give street address)St.M	lary's	g most of working life, even if retired.) INDUSTRY
S event,	130. USUAL RESIDENCE (Where deceas odmission) STATE	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE (The state of the s	
ooke ooke		1 13b. COUNTY St. Mary's	Lexington Park	NO X Rt.1 Box13A1	.9
and com remove n ony ev	14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM		Last
ate bill	Daniel	Forrest		Sarah	Kane
sicion please , and i	16a, WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give w	ED FORCES? If or dates of service) 16b Social SECURITY	17. INFORMANT	Address	0
physicion on please ovol, and it		1220-16-4		erson same as # 1	APPROXIMATE INTERVAL
of the death certific the ottending phys sit permit. Then p mation, or removol,	18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b) and (c).	DA. 1.00	aladha D.	BETWEEN ONSET AND DEATH
ottendi ottendi on, or r		TE CAUSE (o)	earong crua	the themselves	his
that the door. by the ott transit pen	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	1100/1		- 6
y th insit	rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	ina pri	anun	- was
quires that the physicion. Signed by the burial-transit burial, crema	stoting the underlying cause	OUE TO, OK AS A CONSEQUENCE OF	Ala Carrenn	14 M Tomas	to mas
physici physici signed burial-t	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I(g)	77700
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te low re trending os been as the l prior to	19a. DATE OF OPERATION 19b. o	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?		CONSIDERED IN CERTIFYING
The affe	335		YES 🗀 NO	CAUSES OF DEATH?	
n. arte arte			21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2	2, Item 18.)
pital riffic of H	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	9		
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate b≡ executed Page 4 may b≡ retained by the hospital ar attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and compled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even	₹ 21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAI	CTORY,) 21f. LOCATION Street or R.F.D.	. No. City or Town	County State
this this detected to Dr.	at work at wark				
After After be State	22a. I certify that (I) (thi	haspital) attended the decease	ed from,	9.68, to 4/1, 1	96 7, that (1) (we) last
R: A uld the	saw the deceased al	re on distribution view the	body after death	pinian death accurred on the	date and hour and from the
retoined retoined ECTOR: A 3 should with the	22b. SIGNATURE		11 14	1 22	c. DATE SIGNED
OR THREE SHOW	\ \ \\	st by low	DEGREE PHYS.	DIRECTOR DISTAFF DIRECTOR	4/1/69
AI Doy E	22d. PHYSICIAN'S	E ACUVO	22e. ADDRESS		1101
PER/	NAME (Type)	mes P./Jarboe M. D), (Great Mills, Maryl	and
TO HOSPITAL OR ATTEN Page 4 moy bar retoined TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	23g. BURIAL, (REMATION, PREMOYAL (Specify) Burial App		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 p. v		ril 5,1969 St. I	Peter Clavers	Ridge, St. Mary	
VR A15 100	24. FUNERAL DIRECTOR			D BY REGISTRAR 25b. REGISTRAN	
45M - 1/88	w. Clarke Mattin	gley Leonardtown,	Maryland DATE A	PR 7 1969 /Cu	Lank and

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	em23 FilmGlil 4,	17/69 kk Middle	ERTIFICATE OF DEAT	2a. DATE OF DEATH		2b. HOUR
(Ype or print) Shere	Il Ilene	Bryan	Mont	16 69	6:1
3. SI		4. RACE	S. DATE OF BIRTH	6. AGE (1	n vegrs IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Negro	4-9-69	last birt	thiday) MONTHS DAYS	HOURS MIN
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	Leonardtown	11. NAME OF HOSPITAL OR INS give street address) St. Mary	duñ	USUAL OCCUPATION (Kind of ing mast af warking life, even		BUSINESS OR
adm	ission) STATE	lived, if institution: Residence before	PARL YES			
14.	FATHER'S NAME First	Middle Lost	IS, MOTHER'S MAIDEN NA		Middle	Lost
-	Julian	Leonard Bryan		nia Marie	Campbel1	
	WAS DECEASED EVER IN U.S. ARME (es, no, or unknown) (If yes give wor	D FORCES? or dates of service)		lov 7 Dida-	Address	
		one couse per line for (o), (b), ofd (c).		Box 7, Ridge,	Maryland APPROXI	MATE INTERVAL INSET AND CEATH
NO		DUE TO, OR AS A CONSEQUENCE OF (b) OUE TO, OR AS A CONSEQUENCE OF (c) ITIONS CONTRIBUTING TO DEATH BUT NO			,	ley
CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	AF2 🔲 🛮	CAUSES OF DEATH		EKTIFYING
MEDICAL CI	21a. ACCIDENT WAS UNDERLYING ar contributing cause of Geath (If either, notify medical examine	HOUR A.M. Month Doy Year r) P.M. 19		(Enter noture of injury in Port		<u></u>
異	21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.	D. No. City or Town	County	State
ME	While Not while at work		1/2	12	11/0	0.1.1.
ME	22a. I certify that (I) (this sow the deceased alicauses stated abave,	hospital) attended the decease ve anl () (we) (55) (dignot) view the	ed from	19 69, to 4/	1:	
WE	22a. I certify that (I) (this sow the deceased alicauses stated above, 22b. SIGNATURE	10 an 11/hm 1	od from	1969, ta 9 opinion deoth occupred		
WEI	22a. I certify that (I) (this sow the deceased alicauses stated abave,	10 an 11/hm 1	od from		on the date/ond hour	

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1	05963		RDS, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	05962
er death. funeral 1 and 2 er death.		First Middle Griffin Fad	Campbell	April Month 26, Do	1909
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campletely filled ove carban page y event, within?	Park Hall	give steet address)	ys Rest Home	JSUAL OCCUPATION (Kind of work dane g most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ecuted camplet ave can y event	odmission) STATE Maryl	deceased lived, if institution: Residence and 13b. COUNTYSt. Mary	s St. George Island	NO 📆	
n and se rem	14. FATHER'S NAME First Jose	ph Campbe		AE First Middle Orgiana	Lost 7
rtificate ohysicia on plea ival, an	16a. WAS DECEASED EVER IN U. Yes, na, or unknown) (If y	S. ARMED FORCES? as gave wor or dates of service) 16b. SOCIAL SEC 212-56		Barnes Piney Pair	nt,Maryland
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equires that the physician. signed by the burial-transit purial, crematic	Conditions, if any, which rise to immediate coust stating the underlying c lost.	gove) (b)	Septermi	a best	day
	11	T CONDITIONS CONTRIBUTING TO DEATH TORRE ROLL 196. CONDITION FOR WHICH OPERATION V	BUT NOT RETATED DE THE TERMINAL DISEASE WAS PERFORMED 200. AUTOPSY?	OPCOMBUION GIVEN IN PART I(a) 1205. IF YES, WERE FINDINGS C	UNKILLEDED IN CERTIFAING
DING PHYSICIAN: The law reby the haspital ar attending lifer this certificate has been be detached far use as the State Dept. of Health prior to	19a. DATE OF OPERATION 21o. ACCIDENT WAS UND		YES NO	CAUSES OF DEATH?	
YSICIAN ospital certifico hed far ot. of He	G CONTRIBUTING CAUSE (If either, notify medical 21d. INJURY OCCURRED	OF DEATH HOUR A.M. Month Doy P.M.			County State
JING PHYSICIAL by the haspital flet this certifice be detached fai	While Not while of work at work			/	
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		ed alive on bave, (I) (we) (did) dig not view	ecepsed from And that in (my) (
D HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22b. SIGNATURE	at for	TOPPRIE PHYS.	DIRECTOR PHYS. 22c.	29/69
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page should be filed		James P. Jarboe M.		Great Mills, Mary	
TO HO Page To Fu direct	230. BURIAL, (REMATION, BEFORE Specify) 24. FUNERAL DIRECTOR	April 29,1969 S	ME OF CEMETERY OR CREMATORY t Lukes Cemetery DRESS 250. REC	23d. LOCATION (City or Town) St George Island D BY REGISTRAR 25b. REGISTRAR 5	(County) (Stote)
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33260 Charles and Allert Charles St. 65 Library · 1/40. 1 70% B 10 % constant stage 1, to the the description of the section of The President Land Comment of the County Comment of the County of the Co A . Made a . Land 150 dering to Part 23, 169 de Capitales All all the said St. Mars I have one brained, mor report to hits brain.

14 1	05970		i, 301 W. PRESTON STREET, CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	05964
24 hours after death. ed. in by the funeral appears: Pages 1 and 2 no.72 hours after death.	IT I I I I I I I I I I I I I I I I I I	hn Charles	Feeser	20. DATE OF DEATH April Month 18,00	1969° 26. HOUR
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4 hours	70. BIRTHPLACE (Stote or foreign country) Penna	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		Md.
within 24 short filled in paper within 72	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I give street oddress)	NSTITUTION (If not in hospital	o. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
executed within and completely fill remove corbon prin any event, within	13o. USUAL RESIDENCE (Where decodmission) STATE Marylar	eosed lived, if institution: Residence before d 13b. COUNTSt.Mary's		IDE CITY LIMITS? 13e. STREET AND NUMBER	
and or and or remo	14. FATHER'S NAME First John	Middle Lost Charled Feese	15. MOTHER'S MAIDEN	NAME First Middle Emma.	Myers
physicion en pleas aval, and	160. WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes g	ARMED FORCES? 16b. SOCIAL SECURITY 176-01-61		Address	s, Maryland
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OR be red w	22b. SIGNATURE	alive an ave (1) (did) (to when the live of the live o	DEGREE PHYS.	opinion death accurred on the death occurred on the death occurred on the death occurred on the death occurred on the death of the death occurred on the death occurred occurred on the death occurred	HATE SIGNED 169
TO HOSPITAL Page 4 may TO FUNERAL I director, pog	230. BURIAL, CREMATION, BREMOVAL (Specify) 24. FUNERAL DIRECTOR	b. DATE 23c. NAME OF	ty Memorial Gards	23d. LOCATION (City or Town)	(County) (Stote) Les, Maryland
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. 1	-		ND STATE DEPARTMENT OF		
1	05971	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	05965
		irst Middle	LOST LOST	2o. DATE OF DEATH	
death.	from a section?	_		Month Doy	6 geor 12 MS
d d d	3 SEX	isa Marie	Henry Ts DATE OF BIRTH	April 14	69" 12:0%
# (#WF)	Female	White	April 14.	1969 6. AGE (In yeors lost birthday) YRS.	MONTHS DAYS HOURS MIN
F F F	7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED X	9. COUNTY OF DEATH	1.140
4 he sers	Maryland	U.S.A.	WIDOWED DIVORCED	St. Mary's	Md.
in 2 fillec	ID. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II		JAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
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ian sase and	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURITY		nette Guyer Address	
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atte atte perr ion,	1/69	DUE TO, OR AS A CONSEQUENCE OF	-1		
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician odd templetely filled in the two merals as should be detached far use as the burial-transit permit. Then please remave carban papers and 2 and 2 ed with the State Dept. of Health prior to burial, cremation, ar removal, and in agreeant, within 72 neurodies death	190 DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The state of the party of the p	RT.FE		YES NO		
AN: al al icate far I Hea		DEATH HOUR A.M. Month Doy Yen	21c. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port 2, It	tem 18.)
SIC Spit Sertif Section of the control	G (If either, notify medical exc	ominer) P.M.	19 ACTORY. 21f. LOCATION Street or R.F.D. N	c. City or Town	County State
PH) his his a	While Not while at work	218. PLACE OF INJURY (AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	The cocalion shoot of Killo, in	u. uny ur rown	51010
NG yy th ter t te d tate	22a. I certify that (1)	(this haspital) attended the decea	sed fram, 19_	, ta, 19_	, that (I) (we) last
END led to	saw the deceased	(this haspital) attended the decear I alive an— ave, (I) (we) (did) (did nat) view the	19, and that in (my) (aur) a	pinian death accurred on the dat	te and haur and fram the
ATT Stain shau ith t	22b SIGNATURE	ave, (i) (we) (aid) (aid iidi) view iid		225 [DATE SIGNED.
OR be rade w	John	J. Jenney	DEGREE PHYS	MED STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR	15769
TAL AL D Pag Pag e file	22d. PHYSICIAN'S NAME (Type)	on E. Formulate M	22e. ADDRESS	- 1	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filled with the State Dept. af Health prior ta burial, creating the shauld be filled with the State Dept.		nn F. Fenwick,M.		ardtown, Maryla	
A FU			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	24. FUNERAL DIRECTOR	ADDRES	S 250 RECD	DV DECICTORD DECICTORD C	SIGNATURE (
30M REV 11/88		ingley Leonardtown		PK 1 7 1969 400	The state of the s
V8 A15'(4) ∴	Burial (Specify) A 24. FUNERAL DIRECTOR	pril 15,1969 St / ADDRES	loysius Cemetery	Leonardtown, St.	, ,,





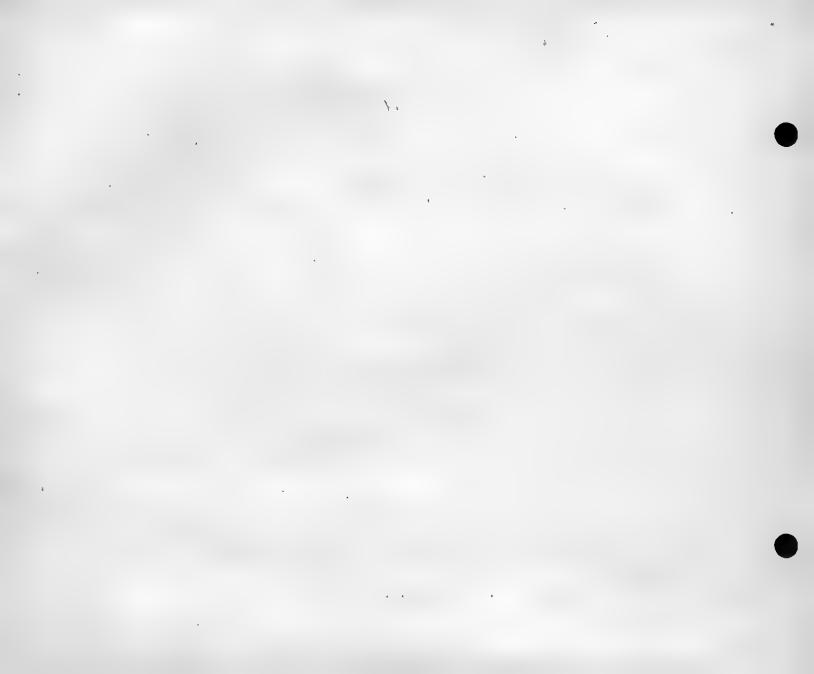
1	MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	•
	Item "11, Film "411 4/18/69 km CERTIFICATE OF DEATH	05968
1	DECEASED-NAME First M.ddle Lost 20. DATE OF DEATH (Type or print) Estelle Elizabeth Jones April Month 5, Doy	1969pr 2b, HOUR
L	Female Negro Oct. 10, 1892 10st birthdoy) 76 YRS.	F JNOER 1 YEAR 1F UNDER 24 HRS
	o BIRTHPLACE (Stote or foreign ountry) Maryland USA 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	D CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital Park Hall II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even fretired)	12b K ND OF BUSINESS OR INDUSTRY
) 13 od	30 USUAL RESIDENCE (Where deceased lived, if institution. Residence before dissian) STATE 13b COUNTY St. Mary's Lexington Pk YES NOT Route 2 Box	56
14	4 FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Last
-	Alfred Mathews Mary Ella 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 10b SOCIAL SECURITY NO 17 INFORMANT Address	Johnson
"	66 WAS DECEASED EVER IN US ARMED FORCES? Yes, no, or unknown) (II yes give war or doles of sanvice) 136-22-8983 Louise Smith Rt.2 Box 56 Lexingto	n Park.Md.
F	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
П	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Chetral hunor has	10 days
ı	43/9 DUE TO, OR AS A CONSEQUENCE, OF	
ı	rise to immediate cause (a). (b). Generally a contraction of the contr	4 years
ı	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (s)	V
П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)	
1 2		
DIC RTIL	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OF CHIRPED (February of Injury in Part 2 June 1987).	SIDERED IN CERTIFYING
SITON	YES NO 22 CHOSES OF BEATHY 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	40.
	CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year	n 18)
MED	City or Town City	County State
	22a I certify that (1) (this haspital) attended the deceased from 3. 1968, to 1965, 1965 saw the deceased alive an 1967, and that in (my) (aur) apinian death accurred an the date	2, that (1) (see) last
l	saw the deceased alive an	and have and from the
		E SIGNED /69
	22d. PHYSICIANS NAME (Type) P. J. Bean M. D. 22e. ADDRESS Great Mills, Marylar	nd
23	TO DELBOVAN (Company)	(Caunty) (State)
ш	Buff (Spec fy) April 10,1969 St. Peter Clavers Ridge St. Mary 4. FUNERAL DIRECTOR ADDRESS 250 RECO BY REGISTRAR 250, REGISTRAR 5,510	s,Maryland
	W. Clarke Mattingley Leonardtown, Maryland APR 9 1969	Judge :



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0596 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1 DECEASED-NAME Middle 2b HOURD 20. DATE KNOWN Manth (Type or Print) ESTI-Page DEATH MATED APR. DE LANDIS McCOY 12:45 F LANDER 1 YEAR 4 RACE S DATE OF BIRTH 6 AGE (in years IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 2d HOJR iost birthday) Depart 9/30/1938 MALE WHITE 7a B RTHPLACE (State or foreign MARRIED X NEVER MARRIED 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH WIDOWED | DIVORCED | USA VIRGINIA ST. MARYS ID CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR give street address) BOARD OF EDUC. the MECHANICSVILLE 3a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INS DE CITY LIM TS? 13e STREET AND NUMBER land 2 with 13b COUNTY ST. MARYS MECHANICSVILTÉ □ NO X 400 HOLMES GOLDEN BEACH 14. FATHER'S NAME M ddie Last IS. MOTHER'S MAIDEN NAME First Middle SANDERS CHARLES McCOY ILA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, ar unknawn) (If yes give war or dates of service) pend MRS.BETTY P.McCOY SAME AS # 13 229 44 4303 APPROX MATE INTERVAL within. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) MULTIPLE INJURIES EXTREME IMMED. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, 19a DATE OF OPERATION 20 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION CERTIFICAT WAS PERFORMED? YES 🗍 NO I 210 EXTERNAL CAUSE WAS 21b. TIME OF NURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) shauld PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. 12:4FP 21e PLACE OF NJURY (At hame, form, street, 21d ANJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town State AT WORK AT WORK TO AT WORK TO AT WORK AT WORK TO AT WOR may be retained for your FUNERAL DIRECTOR: Page MECHANICSVILLE ST. MARYS MD. 220 I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X ond in my opinion Notural causes ... Accident K. Suicide ... Homicide ... Undetermined manner ... death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 225 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/16/69 DEPLTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) I, EONARDTOWN . MD. NAME (Type) WM.D.BOYD M.D. 50 230. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) REMOVAL (Specify) McCOY CEMETERY COEBURN. VIRGINIA URFAL ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 1969 VR A15ME (5) William An Judas - LEONARDTOWN . MD.



< 1	111	FilmGil2 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	5/	MARYLAND STATE DEPARTMENT OF HEALTH OVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05975 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05970
HEALTH DEPT.	L	100 10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	D v lov vous
		Type or Print) OF ESTI-	
3 to Poge	3. 9	THOMAS CLARK NEWTON DEATH MATED 4 EX 4 RACE 5 DATE OF BIRTH 6. AGE 10 years IF UNDER TEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	29 19 69 2:45
Ag 33.		last birthdoy) MONTHS DAYS HOURS Min. Month Doy	Year Year
any detay is 1, 2, and 3 to m PM3. Page Department of	7o	Male White 0-27-1952 16 Yrs. April 2 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	9 1969 2:45%
TE OX	CD19		Md.
Pages ith for	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done	
offer death 8 Give Pag along with with the Sto		give street oddress) Groot Crook Groot Crook	INDUSTRY
Giv	130	Piney Point St. Georges Creek USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, UTY, OR TOWN TRINISTORY) TATE 136 (CIVITY) WARFOR TO WARF WARF	ail.
8 6 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	H	equission) STATE 13b (OUNTY PIRATE PIRATE NO 3059 WARDIN IT	ላ ዊ ሂላ ለ ሂላ ላ ላ \ ሬ የ ለ ሂ ሂ ሂ 3 ፣ ፣ ፣
hours often Item 18 Gi Office-clang	14.	FATHER'S NAME First MINDEL Lost 15 MOTHER'S MAIDEN NAME First MINDEL	Lost
24 + 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		LOREN NEWTON LUCILLE CRO	NKRICHT
hin 24 ncal m miner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES?	ACON TRAIL RI
be executed within 24 "pending" in pencil in life Medical Examiner's onsit permit. File pages event within 72 hours on the second of the secon		(tes, no frunknown) (If yes give war or dotes of service) 366 55 1065 LOREN NEWTON FLIN	Think Tes,
should be executed with a word "pending" in per the Chief Medical Exarturiol-tronsit permit. File in ony event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ing ing edic		, MMIDIATE CAUSE (0) IIndetermined, probably drowning	
f M f		DUE TO, OR AS A CONSEQUENCE OF	
d be d "F Chie rons		Conditions, if any, which gove rise to immediate couse (a). (b)	
should be e ne word "per o the Chief ! buriol-tronsit		Isoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
to the dim		(4)	
TY DICAL EXAMINER: This certificate should be executed within 24 hours ofter death 3, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, prof director. Page 4 should be forwarded to the Chief Medical Examiner's Office-along with form he retoined for your files. (AL DIRECTOR: Page 3 should be used as o buriol-transit permit. File pages (antital) with the State Departor to burial, cremation, or removal, and in any event within 72 hours other death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
certifi , writii orward used c used c	NOIL	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for eme	CERTIFICATION	WAS PERFORMED?	YES S
This licate, be for d be to or rer		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, 1	
itNER: T ne certifica should b files. 3 should nation, or	MEDICAL	PRIMARY TO CONTRIBUTING HOUR A.M. CAUSE OF DEATH ? P.M. ? ? 19 69 Unknown	,
IINER shoul files. 3 shou	AEI FI	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No City or Town	County State
EXAMINER: ute the cert age 4 should your files. Page 3 should , cremation,		WHILE NOT WHILE FOCTORY, Office building, etc.) AT WORK AT WORK WHILE FOCTORY, Office building, etc.) St. George's Creek Pinev Rint	St Mary's Md
bical EXAM lease execute the director. Page 4 etoined for your DIRECTOR: Page or to burial, crem		22a. I certify that I taak charge of the remains described above, held an Autopsy XX Inspection I, Inquiry	
bICAL se executor. Per ned for ECTOR.		death_resulted from: Natural causes	
please e director retained DIRECT or to bu		CHIEF MEDICAL EXAMINER	
Al Parison	1	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER XX 22b. DATI	SIGNED
		EXAMINER'S DEPUTY MEDICAL EXAMINER 4/30	/69
necessory, please ex the funerol director. 5 may be retained f TO FUNERAL DIRECTO Heolth prior to buri	_	NAME (Type) Edward F. Wilson M.D. ADDRESS(Street, city, town, or county)	
5 c = ~ 5 ±	230	BURIAL, CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	45	ANSIT J-1-67 FLINT, PIIC	HICAN
VR A15ME (5)	12		
10M REV 1, 68	10	from M. Welch - Leonard Lawn mark MAY 5 1969 your	read fundal.
1/			17





	05977		CERTIFICATE OF DEATH	MORE, MARTLAND 21201	05972
1 0	ECEASED NAME First Type or print) Raymon	Middle Harold	lost SHAW	20 DATE OF DEATH April 20	1969 1220 M
3. \$1	Male	4 RACE Caucasian	S. DATE OF BIRTH June 9, 192	lore hatherno	IF UNDER I YEAR IF UNDER 24 MRS. RONTHS DAYS HOURS M.N.
COU	ohio	76 CITIZEN OF WHAT COUNTRY? U.S.	WIDOWED DIVORCED	o county of Death St. Mary's	Md.
NA	CITY OR TOWN OF DEATH S, Patuxent Riv	v., Md. give street oddress)Nave	al Hospital duri U.	L DECUPATION (Kind of work done story working life, even if retired).	12b. KIND OF BUSINESS OR INDUSTRY OC
adm	ission) STATE Marylan	d lived, if institution: Residence before	Dameron YES NO	☐ Post Office	
14.	FATHER'S NAME First William	Middle tost Arnold Shav	IS MOTHER'S MAIDEN NAME FI	rst Middle	Gens
16a	WAS DECEASED EVER IN U.S. ARM		NO 17. INFORMANT	Address	Gens
	B. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIA	y one couse per line for (o), (b), and (c) BY: Ventricular TE CAUSE (a)	Fibrillation		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 40 minutes
	Canditians, if any, which gave to immediate cause (o),(rdial Infarction		4 days
	stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
8			NOT RELATED TO THE TERMINAL DISEASE ORG		
CERTIF CAT.ON		CONDITION FOR WHICH OPERATION WAS P	YES 🙀 NO 🗀	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN or contributing cause of death (If either, natify medical examin	H HOUR A.M., Manth Day Yea er) P.M.	19	nature of injury in Part 1 or Part 2, Ite	em 1B.)
*	at work		ACTORY.) 21f. LOCATION Street or R.F.D. No.		County State
	saw the deceased a	ive an 20 April (i) 144 (did) (butpet) view the	sed fram 18 April , 19 6 1969 , and that in (my) (car) api bady after death.	9 , ta 20 April 196 nian death accurred an the date	9, that (i) (se) last e and haur and fram the
	22b SIGNATURE	2xicole:			ATE SIGNED O April 1969
1		GEORGIOU, LCDR MC		pital, NAS, Patux	
	BURIAL, (REMATION, 23b. 1 REMOVAL (Specify)		ECHMETERY OR CREMATORY	23d. LOCAT ON (City or Town) Ridge, St. Mary	(County) (State)
24.	FUNERAL DIRECTOR	ril 23,1969 Friend ADDRES gley, Leonardtown,	MAN	Y REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE
\ E	CAMPACT TIME OFFICE	and a second description			- 4 4



ISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11/22/69 05973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT Middle Lost 1 DECEASED-NAME 20. DATE KNOWN CO Month Doy Yeor 25 HOUR (Type or Print) ESTI 2, and 3 to PM3. Page Stasch 12. 19 69 Otto Herman April DEATH MATED 4 RACE S DATE OF BIRTH 6 AGE (n years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX 2d HOUR Month Yeor the Stote Departm March 14,1914 Male White 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED IC INEVER MARRIED country) Maryland ce olong with form US WIDOWED [DIVORCED [St. Mary's A Give Poges 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR be executed within 24 hours ofter death during most of working life, even if tehred) IND. STRY .Mary's Hospital Leonardtown. 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 43d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY St. Mary's Mechanicsvill's It NO ofter First Lost 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Dorothea Sophia Redies Stasch August .⊑ the certificate, writing the word 'pmmdimg" in pencil in 4 should be forworded to the Chief Medical Examiner's hours boges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) Mechanicsville, Maryland Mary C. Stasch Eie in ony event within 72 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE buriol-transit Conditions, if any, which gove rise to immediate couse (a), This certificate should DUE TO, OR AS A CONSEQUENCE O stoting the underlying couse or removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 6 nseq CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🖳 <u>e</u> 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 23c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 3 should PRIMARY OR CONTRIBUTING MEDICAL buriol, cremation, 1969 CAUSE OF DEATH 21d INJURY OCCURRED 23e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D. No. City or Town factory, office building, etc. NOT WHILE 22a | certify that I tack charge of the remains described above, held an Autopsy | 1. Inspection . Inquiry -1, and in my apinian director. Suicide Hamicide death resulted fram: Accident . Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy FO FUNE Health D. Boyd M. NAME (Type) William. D. ADDRESS(Street, city, town, or county) 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial Specify) April St Paul Lutheran Cemetery Charoltte Hall, Maryland AD DRESS 250 REC D BY REG STRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, Maryland



- 1	OF OTO
	05979 CERTIFICATE OF DEATH 0597
ď	ZO MIL OF DEATH
Ļ	Dorothy Lincoln Edson Swann April 12, 1969
ı i	S. DATE OF BIRTH 6 ACE (In years Funder 1 are fully fu
-	
- [/	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED 9 COUNTY OF DEATH
1	Pennsylvania U. S. A. WIDOWED DIVORCED St. Mary's
	UTT OK TOWN OF DEATH TO NAME OF BUSYEST UR INVESTIGATION OF BUSYEST OF THE PROPERTY OF THE PRO
Į,	Leonardtown St. Mary's Hospital
1	0 USUAL RESIDENCE (Where deceased lived if institution, Residence here 113, CITY OP TOWN 134 WORK CITY INVITED
<i>"</i>	m ssion) STATE Maryland 13b COUNTY Leonardtown YES NO
. ['	CATHER'S MAINE PIEST MIGDIE LOST IS MOTHER'S MAIDEN NAME FIRST MIGDIE LOST
J.	Charles Henry Edson Elizabeth V. Yarnell
	So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [If yes give war or dates of senne) Address
E	162-03-1023 J. Compton Swann P.O.Box 270 Leonardtown, Mc
1	18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY.
	IMMEDIATE (AIKE (A)
	Conditions, if any, which gave inset to Immediate couse (a) (b) mys cardial Infarction 48 hr.
	Conditions, if any, which gove nse to Immediate couse (a) (b) mys cardial Infarction 48 hr.
	storing the underlying cause) DUE TO, OR AS A CONSEQUENCE OF
- 1	1051 (1) asterio Scherolic heart Disease
- 1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
1	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	TES NO [
	GOOD CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 Country Medical examiner) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f 10(ATHON, Street or R.F.D. No. 15th of Town Country Coun
	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote of work of work of work
	220 I certify that (I) (this haspital) attended the deceased from
	saw the deceased alive on19, and that in (my) (our) opinion death occurred on the date and have and from t causes stated above, (1) (we) (did) (did not) view the body after death.
	22b SIGNATURE () 27c DATE SIGNED
	DEGREE PHYS DEGREE PHYS DIRECTOR DIRECT
	22d. PHYSICIAN'S NAME (Type) John F. Fenwick M. D. 22e ADDRESS Leonardtown, Maryland
2	BURNAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City or Town) (County) (Stote) April 14.1969 Christ, Church Cometowy Charting St. Manual Manual Charting St.
	- The state of the
12	FUNERAL DIRECTOR ADDRESS 1250. RECUSTRAR 1 25b REGISTRAR'S SIGNATURE
L	W. Clarke Mattingley Leonardtown, Maryland DATE APR 1 1968



2	1		te	05980 ms5&6 FilmG412		OF VITAL RECORDS,	301 W. PR	ESTON STREET, BAI ATE OF DEATH	TIMORE, MAR	YLAND 21201	0597	75
	eath.	eath.	1. DI	CEASED-NAME First	aul	Middle James		lost alker	20. DATE OF April	DEATH Month 13 Doy	1969	2b. HOUR
	iours after death	after d	3. SE		4. RACE	White		Sept. 7,16	1900	6. AGE (In years last birthday) 7/3/ 68 YRS.	IF UNGER I YEAR	IF UNDER 24 HRS HOURS MIN
	24 hours after death.	Z-Hout	7o. I	IRTHPLACE (Stote or foreign	76. CITIZEN	OF WHAT COUNTRY?	8. MARRIED [NEVER MARRIED	9. COUNTY OF St. Ma	DEATH		Md.
	vithin 24 sly filled	45	3 000 1	or fown of Death		11. NAME OF HOSPITAL OR IN give street address) St. M.		in hospital 120. US	UAL OCCUPATION most of working l	(Kind of work done ite, even if retired.)	12b. KIND OF BI	
	equires that the death certificate be executed with physician. signed by the ottending physicion and completely buriol-transit permit. Then pleose remave corbon	event,	13o. odmi	USUAL RESIDENCE (Where decease ssion) STATE Maryland			Abel	OWN 13d. INSIDE CITY		EET AND NUMBER		
	be exe	d in ony	14. F	AIREKS NAME TIEST	Mid enzo	ldle Lost Walker	15.	MOTHER'S MAIDEN NAME Alice		Middle Sphine		Lost
	ertificate b physicion nen pleose	vol, an		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give wi	NED FORCES? or ar dates of servi	16b. SOCIAL SECURITY 218-18-04		FORMANT LIMES P. Wall		Address Lifornia,		
1	offending p	or remo		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA	y one couse BY: TE CAUSE (o)		QV.	4			BETWEEN ONS	ATE INTERVAL SET AND DEATH
	the de	nation, a		4369 Conditions, if only, which gove		, OR AS A CONSEQUENCE OF						
	physician. signed by buriol-trans	al, crem		rise to immediate couse (o), stating the underlying couse lost.		, OR AS A CONSEQUENCE OF						
	v requi	to buri	N(PART 2. OTHER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	RCONDITION GIVEN	IN PART 1(o)		
	V: The low re or offending the has been use os the	f Heolth prior to t	CERTIFICATION			or which operation was pe		20a. AUTOPSY? YES NO [CAUSES	YES, WERE FINDINGS CO OF DEATH?		TIFYING
	pital or rrifficate of far u	0	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examin	H HOUR	P.M.	9	V INJURY OCCURRED (En		in Port 1 or Port 2, I	tem IB.)	
	G PHYS the hos this ce	State Dept, of H		While Not while at work		URY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.				of Town	County	State
	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retoined by the hospital or ottending physician. DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral 3 should be detached far use as the burial-transit permit. Then please remaye corban papares, Pages 1 and 2	Sto		220. I certify that (I) (this saw the deceased all couses stated obove	s hospitol) ive an((I) (we)(did) (did not) view the	ed from Co 9 <u>6 7</u> , on a body ofter de	that in (my) (our) o	pinian death o	ccurred on the da	69, that (te ond hour or	l) (we) last nd from the
	OR AT be refoi MRECTO e 3 sho	ed with		22b. SIGNATURE	1x	9 Ban	DEGRE	ATTENDING	MED. DIRECTOR	STAFF PHYS. 22c. I	PATE SIGNED	69
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law ra Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the	ld be fil		22d. PHYSICIAN'S NAME (Type) Wil	liam	D. Boyd M.				Maryland		
	Poge TO FUN direct	shou	В		DATE ril 15	1969 Sacr	CEMETERY OR C	t Cemetery	Bush		(County)	(Stote)
	VR 45M	175		Clarko Mattine	gley	ADDRESS Leonardtown,	Marylar		BY REGISTRAR	1 25h. "REGISIRAR'S	SIGNATURE SALE	egi

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05981 05976 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) Month 26 Day Year 969 StClair Zellers Louise April Marv 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) HOURS White October 8,1903 Female vé carban papers. Poc event, within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 므 country) Maryland USA WIDOWED St. Marv's DIVORCED [ond completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done give street address) 126. KIND OF BUSINESS OR carban during most of warking life, even if retired.) INDUSTRY s Hospital Leonardtown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed 13b. COUNTY St. Mary's NOF Avenue In any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Peter St. Clair Cheseldine Julia buriol, cremation, or removol, and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service) 577-01-5165 Julia S. Webb Avenue. Maryland 18. CAUSE OF DEATH (Enter only one cause per light for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave buriol-tronsit rise to immediate cause (o), the hospital or aftending physician. DUE TO, OR AS A CONSPONENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached for use as the with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at work TO HOSPITAL OR ATTENDING Poge 4 may be retained by 22b. SIGNATURE ATTENDING STAFF PHYS. r, poge 3 be filed v PHYS DIRECTOR 22d. PHYSICIAN 22e. ADDRESS NAME (Type J. Patrick Jarboe M. D. Great Mills, Maryland director, should by V VVV 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Removal Pecify Maryland State Amatomy Board Baltimore, Maryland 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE W. Clarke Mattingley Leonardtown, Maryland Melinelas Justal 1969

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